



1 - GENERAL CRASH INFORMATION		AGENCY NAME AND ORI NEOSHO POLICE DEPARTMENT - MO0730300
SPACE USED FOR BARCODE		

LEFT THE SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DRIVER NO.	CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No	CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY <input type="checkbox"/>	NO. INJURED 1	NO. KILLED 0	REPORT / CASE / INCIDENT NUMBER 0416-243
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NO. VEH. INV. 1	CRASH DATE 04-23-2016	CRASH TIME (MIL.) 2318	NOTIFIED DATE 04-23-2016	TIME NOTIFIED (MIL.) 2320	INVESTIGATION DATE 04-24-2016	TIME ARRIVED (MIL.) 2325	INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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CRASH TYPE	ROADWAY <input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway	NON-COLLISION <input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife	Fell/Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision	COLLISION INVOLVING <input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian		<input type="checkbox"/> Railway Vehicle <input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans. <input checked="" type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle	DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE <input type="checkbox"/> Front to Front <input type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side <input type="checkbox"/> Angle <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp. Dir.) <input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV) <input checked="" type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)	
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COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.

1. Does this crash involve any of the following? 1a. A person fatally injured; OR 1b. A person transported for medical attention; OR 1c. A vehicle towed due to disabling damage. <input type="checkbox"/> Yes - Go to number 2. <input checked="" type="checkbox"/> No - No commercial vehicle fields need completion.	2. Examine each vehicle to determine if it is a commercial vehicle based upon the following: 2a. A truck / cargo van with GVWR / GCWR of more than 10,000 lbs; OR 2b. A motor vehicle with seating for 9 or more including driver; OR 2c. A vehicle with a hazardous materials placard. <input type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.
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EVIDENTIARY PHOTOS TAKEN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY WHOM	AVAILABLE FROM <input type="checkbox"/> Investigating Agency
RECONSTRUCTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY WHOM	AVAILABLE FROM <input type="checkbox"/> Investigating Agency

2 - LOCATION

COUNTY NEWTON	MUNICIPALITY NEOSHO	BEAT / ZONE CR	TRPDIST/PCT NA	GPS COORDINATES (DD MM SS.SS FORMAT) LAT N LONG W NA
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ON MO HIGHWAY 60	RDWY DIR W	DISTANCE FROM <input checked="" type="checkbox"/> NA Feet Miles	LOCATION <input type="checkbox"/> After <input type="checkbox"/> Before <input checked="" type="checkbox"/> At	INTERSECTING CST ADAMS DR
SPEED LIMIT 50	ROAD MAINTAINED BY <input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other			SPEED LIMIT 25

TRAFFICWAY <input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane	<input type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> Other <input type="checkbox"/> Unknown	ROAD ALIGNMENT <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)	ROAD PROFILE <input checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)
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INTERSECTION TYPE <input checked="" type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> 5-way / More <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)	ROAD SURFACE <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Brick <input type="checkbox"/> Gravel <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Cobblestone <input type="checkbox"/> Unknown (Explain)	WEATHER CONDITION <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Standing Water <input type="checkbox"/> Moving Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)
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3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES None

LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. MoDOT County Municipality

OWNER: MISSOURI DEPARTMENT OF TRANSPORTATION - 3901 E 32ND ST JOPLIN, MO 64804- - (417) 629-3300

PROPERTY: STOPLIGHT POLE - NORTH EAST STOP LIGHT SUPPORT POLE - Estimated Damages: \$50.00

4 - WITNESS None Identified Additional Witnesses In Narrative

NAME	ADDRESS (Street, City, State, Zip)	PHONE NUMBER
EDWARDS, DANNY ROBERT	2399 SUGAR FORK RD - GOODMAN, MO 64843	(417) 674-2065

5 - PEDESTRIAN NA Law Enforcement Officer Other Emergency Services Personnel MoDOT Worker Other Trafficway Worker Other Pedestrian

NO.	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)	PHONE NUMBER
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DATE OF BIRTH	SEX	STRUCK BY VEH #:	INJ	TRANS-PORT	SAFETY DEVICES	LOCATION <input type="checkbox"/> On Roadway <input type="checkbox"/> On Sidewalk <input type="checkbox"/> In Driveway Access <input type="checkbox"/> Off Roadway <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> Unknown
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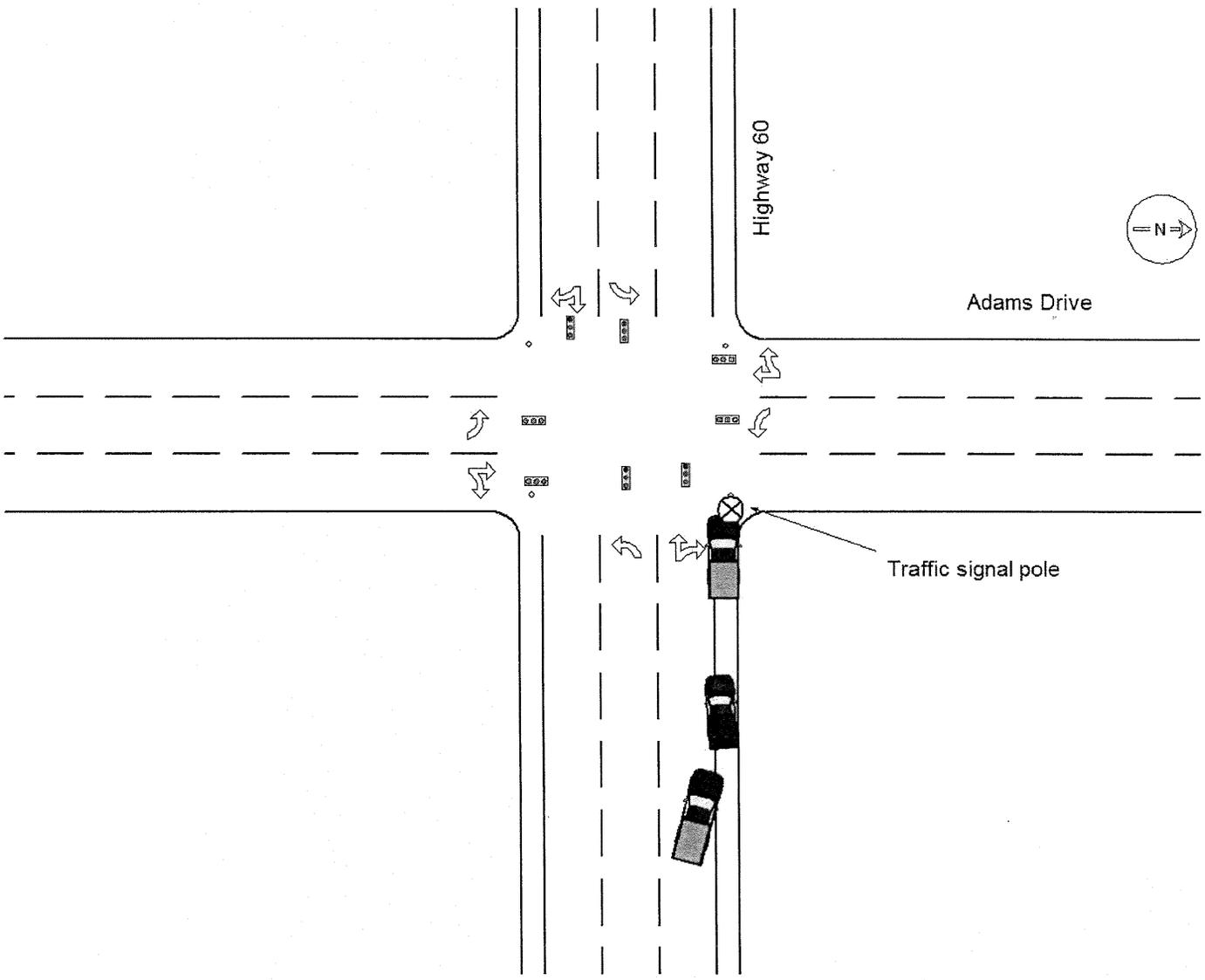
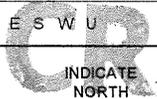
CROSSING ROAD <input checked="" type="checkbox"/> NA <input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown	<input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown	OTHER ACTIONS <input checked="" type="checkbox"/> NA / None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Standing / Lying / Sitting In Trafficway <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.	<input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic	SCHOOL INFO. <input checked="" type="checkbox"/> NA <input type="checkbox"/> Going To / From School <input type="checkbox"/> Getting On / Off School Bus <input type="checkbox"/> Both Of The Above <input type="checkbox"/> Unknown (Explain)
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PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)	DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA	ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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6. COLLISION
DIAGRAM

Compass Direction
Before Crash Event(s)
(Circle One)

V1 NES **W** U V2 NES W U V3 NES W U V4 NES W U V5 NES W U V6 NES W U



Traffic signal pole

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7. DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
1 AUST, DEBORAH ANN 500 E HIGHWAY 174 - MOUNT VERNON 65712

DRIVER LICENSE / ID NUMBER: S152263006
STATE: MO
LIC STATUS: Valid
LIC TYPE: Operator Class F

DATE OF BIRTH: 08-25-1953
SEX: F SEAT LOC: FL INJ: 2 TRANS-PORT: 2 EJECT-TION: 2 AIR BAG: 03 SAFETY DEVICES: 05
VISION OBSTRUCTED: Not Obstructed

PROOF OF INSURANCE: Yes No Not Required
INSURANCE COMPANY: Expired
PHONE NO. (Optional): POLICY NUMBER: NA

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
SAD

YEAR: 1991 MAKE: Chevrolet MODEL: K1500
COLOR: BLU VEH. TYPE: 1 TOTAL NO. OF OCC.: 1

LICENSE - PLATE NO: 4UL092 STATE: MO YEAR: 2017
VIN: 1GCDK14K1M109377

VEHICLE DAMAGE (Mark all damaged areas): None / No Damage
INITIAL IMPACT NO: 2
TOWED BY: Poore's Truck Salvage & Towing 451-4442

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles
Passenger Car, Van, School Bus, Intercity, Charter / Tour, Other

EMERGENCY VEHICLE INVOLVEMENT: NA
CONTRIBUTING TRAFFIC CONDITIONS: NA

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES
SEQUENCE OF EVENTS CODES: 14 14 12 36

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES
Vehicle Defects, Vision Obstructed, Failed To Dim Headlights, Improper Towing / Pushing

7E. WORK ZONE
TRAFFIC CONTROL: None
CONTROL MALFUNCTIONING / INOPERATIVE / MISSING: No

Table with 10 columns: OCCUPANTS - NAME (Last, First, MI), ADDRESS (Street, City, State, Zip), DATE OF BIRTH MM-DD-YYYY, SEX, SEAT LOC, INJ, TRANS-PORT, EJECT-TION, AIR BAG, SAFETY DEVICES, PHONE NUMBER

7G. COMMERCIAL MOTOR VEHICLE: NA
Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.

MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip)
SAO

COMMERCIAL / NON-COMMERCIAL: Interstate Carrier, Intrastate Carrier, Not In Commerce - Government Vehicle, Not In Commerce - Other Vehicle, Not In Commerce - Rental Vehicle
CARGO BODY TYPE: Enclosed Box, Flatbed, Concrete Mixer, Garbage / Refuse, Pole Trailer, Vehicle Towing Another Veh., Intermodal Container Chassis, NA (No Cargo Body), Other

HAZARDOUS MATERIALS: PLACARD DISPLAYED, 4-DIGIT NO., CLASS, HM CARGO PRESENT, HM CARGO RELEASED, HAZARDOUS MATERIAL NAME

SEAT LOCATION		INJURY		TRANSPORTED	EJECTION	AIR BAG		SAFETY DEVICES	
XX - Not Known	FR SR TR	1. Fatal	(For Medical Treatment)	1. None / NA	1. NA	9. Deployed - Combination	1. None	10. Booster Seat	
B - Pedalcycle	FC SC TC	2. Disabling	1. No	3. Not Deployed	2. No	10. Deployment Unknown	2. Not Used	11. Child Restraint - Forward Facing	
M - Motorcycle	FL SL TL	3. Evident - Not Disabling	2. EMS	4. Removed	3. Partially	U. Air Bag Presence Unknown	3. Shoulder Belt Only	12. Child Restraint - Rear Facing	
CP - Commercial Passenger		4. Probable - Not Apparent	3. Other	5. Deployed - Front	4. Totally		4. Lap Belt Only	13. Other Helmet	
OE - Occupant - Enclosed Load Area		5. None Apparent	U. Unknown	6. Deployed - Side	U. Unknown		5. Shoulder and Lap Belt	14. Reflective Clothing	
OU - Occupant - Unenclosed Load Area		U. Unknown	N. NA	7. Deployed - Curtain			7. DOT Compliant MC Helmet	15. Other	
RC - Rail Crew		N. NA		8. Deployed - Other (Knee, Air Belt, etc.)			8. No Helmet	U. Use Unknown	
SV - Other (Explain in Narrative)								N. Not Applicable	
NA - Not Applicable									

VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk [**] require additional coding)									
1. Going Straight	10. Start From Parked	19. Airborne	28. Separation Of Units	37. Collision Inv. Other Object (Explain)	44. Thrown/Falling Object				
2. Overtaking	11. Backing	20. Ran Off Roadway - Right	29. Returned To Roadway	38. Other Non-collision	45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV				
3. Making Right Turn	12. Stopped In Traffic	21. Ran Off Roadway - Left	30. Collision Inv. Pedestrian	39. Collision Inv. Bicycle/Pedalcycle In Bicycle Lane	46. Ran Off Roadway - Other (Explain)				
4. Right Turn on Red	13. Parked	22. Overturn / Rollover	31. Collision Inv. Bicycle/Pedalcycle	40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation	47. Cross Separator				
5. Making Left Turn	14. Changing Lanes	23. Fire / Explosion	32. Collision Inv. Railway Veh.	41. Collision Inv. Working MV					
6. Making U-Turn	15. Avoiding	24. Immersion	33. Collision Inv. Animal (**)	42. Downhill Runaway					
7. Skidding / Sliding	16. Cross Median	25. Jackknife	34. Collision Inv. MV in Transport	43. Fell/Jumped From MV					
8. Slowing / Stopping	17. Cross Center Of Road	26. Cargo Loss / Shift	35. Collision Inv. Parked MV						
9. Start In Traffic	18. Cross Road	27. Equipment Failure	36. Collision Inv. Fixed Object (**)						

ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS				
60. Deer	61. Farm Animal	62. Dog	63. Other Animal	U. Unknown

FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS				
20. Tree / Stump (Standing)	26. Culvert	32. Building	38. Bridge Rail	44. Wall
21. Embankment / Driveway / Ground / Rock Bluff	27. Highway Traffic Sign Post / Support	33. Traffic Signal Support	39. Guardrail End	45. Cable Barrier
22. Guardrail Face	28. Bridge Pier / Abutment / Support	34. Impact Attenuator / Crash Cushion	40. Other Traffic Barrier	46. Bridge Overhead Structure
23. Utility Pole	29. Curb	35. Fire Hydrant	41. Overhead Sign Support	47. Overhead Line / Cable
24. Fence	30. Mail Box	36. Other (Explain)	42. Ditch	U. Unknown
25. Street Light Support	31. Concrete Traffic Barrier	37. Bridge Parapet End	43. Other Post / Pole / Support	

DISTRACTED / INATTENTIVE CODES				
1. External Distraction	5. Communication Device - Hand-held	9. Eating / Drinking	13. Computer Equipment / Electronic Games / etc.	
2. Passengers	6. Communication Device - Hands Free	10. Reading	14. Adjusting Vehicle Controls	
3. Stereo / Audio / Video Equipment	7. Communication Device - Texting / E-mailing	11. Tobacco Use	15. Other (Explain)	
4. Navigation Device	8. Communication Device - Web Browsing	12. Grooming		

VEHICLE TYPE CODES		
1. Motor Vehicle In Transport	3. Working Motor Vehicle	5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes
2. Parked Motor Vehicle	4. Pedalcycle	U. Unknown

OTHER VEHICLE CODES			
1. Riding Mower / Garden Tractor	3. Snowmobile	5. Animal Drawn Vehicle / Animal Ridden For Transportation	6. Low Speed Vehicle
2. Golf Cart	4. Forklift		7. Other (Explain)

9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

On 04/23/2016 at 2320 hours, I responded to the intersection of Highway 60 and Adams Drive to take a report of a traffic crash.

I received a call from Central Dispatch Center stating there was a careless and imprudent driver in a blue truck in the area of Highway 59 and 60. While en route to the area Central Dispatch notified me of a traffic crash at Highway 60 and Adams Drive.

I arrived at the intersection and saw a blue 1991 Chevrolet K1500 displaying Missouri registration (4UL092) crashed into a stop light pole at the north east corner of the intersection. The vehicle appeared to have a large amount of damage to the front end. The hood was smashed backwards. Sgt. Fielen arrived and spoke with the driver of the vehicle, Deborah Aust. I spoke to a witness, Danny Edwards. Mr. Edwards said Ms. Aust was travelling west on Highway 60 and appeared to be swerving. He said she moved onto the shoulder and continued straight until she struck the stop light pole. Mr. Edwards said he spoke with Ms. Aust who stated the light was green therefore she continued going straight.

Sgt. Fielen advised me that after talking with Ms. Aust he believed she had a medical issue which was causing her to drive the way she was. Newton County Ambulance arrived and transported Ms. Aust to Mercy hospital in Joplin, MO. Ms. Aust appeared to possibly have an injured neck due to the crash. Poor's Towing arrived and towed the 1991 Chevrolet. I was unable to obtain insurance information from Ms. Aust at the time of the crash. I will attempt to obtain that information at a later date. The stop light pole had a small amount of visible damage due to Ms. Aust driving into it.

Nothing further at this time.

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
OFF CALEB COOPER	115	CR	NA
REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.
SGT BRADLEY FIENEN	106		

CR

Accident No.
0416-243

Supplement No.
0416-243-001

Reported 05/05/2016 19:52:06 Thursday

On 04/23/2016 I took a report of a traffic crash that occurred at the intersection of Highway 60 and Adams Drive. While on scene, I was unable to find insurance information for the driver (De borah Aust). I also was not able to obtain a phone number from Ms. Aust due to her leaving in the ambulance.

On 05/05/2016 I contacted the Newton County Ambulance District and was able to obtain Ms. Aust's phone number (417-471-1117). I attempted to contact Ms. Aust by phone. She did not answer and I left a message. I added Ms. Aust's phone number to Global Records.

Nothing further at this time.

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Nothing further at this time.

OFFICERS

Date	Role	Officer Name	Agency	Duty Assignment
05/05/2016 19:52:06	Primary Officer	OFF CALEB COOPER	NPD	Patrol
05/05/2016 23:45:32	Review Officer	SGT BRADLEY FIENEN	NPD	Patrol

